

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9685-63-037968

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9685

FILED OCT 4 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Anthony Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN

St. Louis

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS

3519 Illinois

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First Elizabeth

Middle M.

Last Richards

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8/3/1900

## 9. AGE (last birthday)

63

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

## 10b. KIND OF BUSINESS OR INDUSTRY

Showworker

## 11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

William Richards

## 13b. MOTHER'S MAIDEN NAME

Minnie Crater

## 14. NAME OF HUSBAND OR WIFE

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## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

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## 17. INFORMANT

Address

Hannah Sindell 3519 Illinois St. Louis, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Extensive metastatic  
Carcinoma of lungs & bones  
Primary Carcinoma left breast

#### INTERVAL BETWEEN ONSET AND DEATH

4 mos.

6 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

170X

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from Death occurred at

april 1-63 to Sept 26, 63  
6:35 P.M.

and last saw her alive Sept. 26-63  
on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

George A. O'Sullivan, M.D.

## 22b. ADDRESS

7629 Ivory Ave

## 22c. DATE SIGNED

9-27-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

Sept. 30, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

## 23d. LOCATION (City, town, or county)

Lamay, Missouri

## 24. FUNERAL DIRECTOR

C. Hoffmeister Mortuaries

## ADDRESS

St. Louis, Missouri 7814 So. Broadway

## 25. DATE RECD. BY LOCAL REG.

SEP 28 1963

## 26. REGISTRAR'S SIGNATURE

Lois Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John L. Dennehy*

Licensed Embalmer No. 4194

P. O. Address St. Louis, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.